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STATEMENT OF

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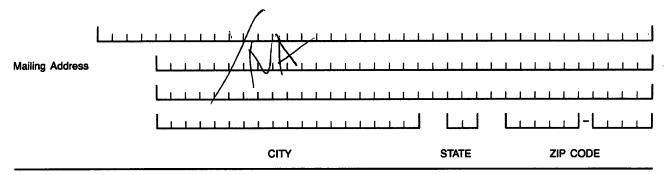
FORM 1		ORGANIZATION				2011 AUG 18 AM 8:54		
1. NAME OF COMMITTEE (in	n full)	H 13	(Check if name is changed)		mple:If typing, type the lines.	12FE4	M5	
RICETION	1N, R	PIXIAIL	- REPuil	BILITIC		1-1-1-		
ADDRESS (number a	nd street)	46	0,4, HARA	21/1L1	STREFT			
(Check if address is changed)		Charlotte NG 28205-				.5 I -L		
				CITY		STATE	ZI	P CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) (Check if address changed)								
COMMITTEE'S WEE	PAGE ADI	ORESS (l	JRL)					
(Check if address is changed)								
2. DATE 68 10 2011								
3. FEC IDENTIFICATION NUMBER								
4. IS THIS STATEMENT INEW (N) OR AMENDED (A)								
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.								
Type or Print Name of Treasurer DAVID M. RICE								
Signature of Treasurer Date Date Date								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.								
Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530			FORM 1 ed 02/2009)

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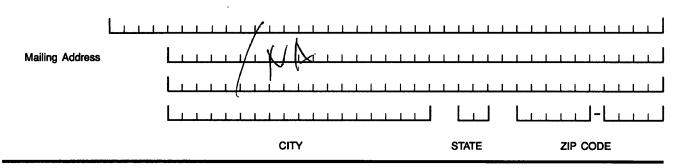
	FEC Fo	rm 1 (Revised 02/2009)	Page 2		
		OMMITTEE			
Ca	Candidate Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below	w.)		
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	emplete the candidate		
	ne of ndidate	DAVID MICHAEL RICE			
	ndidate ty Affiliat	on REP Office Sought: House Senate President	State N.C. District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	ne of ndidate				
Pa	rty Cor	nmittee:			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Po	litical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected organization is a		
	•	Corporation Corporation w/o Capital Stock	Labor Organization		
			•		
		Membership Organization Trade Association	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)			
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joi	nt Fund	Iraising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
	Corr	mittees Participating in Joint Fundraisor			
	1.				
	2.	FEC ID number			
	3.	FEC ID number			
	4.	FEC ID number			

i	FEC Form 1 (Revise	ad 02/2009)	Page 3
V	Vrite or Type Committee Na	ıme	
6.	Name of Any Connected	d Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadersh	nip PAC Sponsor
	•		
L	<u> </u>	<u> </u>	
L	1111111		
	Mailing Address		
		CITY STATE	ZIP CODE
	·		Acception DAG Co.
	Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative Lea	dersnip PAC Sponsor
7.	Custodian of Records: le	dentify by name, address (phone number optional) and position of the person in pos	session of committee
	Full Name DA	Michael Rick	
	Mailing Address	11604 HARRINI LL SIT REGT	
	_	CHARLOITHE	
		Charlotte MG 282	
	Title or Position		ZIP CODE
		Telephone number 1204-8	90-17402
	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the name, assistant treasurer).	ne and address of
	Full Name of Treasurer	MID MINCHAEL RIGE	
	Mailing Address	1604 HARRILL STREET	
		<u> </u>	
		ChiairiLotititi MC 12/8/24	0,5T-1 I
	Tible on Beattle		ZIP CODE
	Title or Position	R_1 Telephone number $ 704 - 81$	901-174021

Name of Bank, Depository, etc.



Name of Bank, Depository, etc.



(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how if was received.				
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USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
	Next Business Day Delivery			
Received from House Records & Registratio	Date of Receipt n Office			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
Chuco	8/18/11			
PREPARER	DATE PREPARED			